

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning 08-01 , 2023, and ending 07-31 , 2024																																
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization OCEAN PARK VOLUNTEER F & R.U, INC.</td> <td>D Employer identification number 54-6114848</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2">E Telephone number (757) 464-0594</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>PO BOX 5545</td> <td></td> <td rowspan="2">G Gross receipts \$ 371,361</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23455</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer: JEFFREY KEMPE Same as C above </td> </tr> <tr> <td colspan="3"> H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> </tr> <tr> <td colspan="3"> J Website: WWW.OPVRS.COM </td> </tr> <tr> <td colspan="2"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other </td> <td> L Year of formation: 1980 </td> </tr> <tr> <td colspan="2"></td> <td> M State of legal domicile: VA </td> </tr> </table>	C Name of organization OCEAN PARK VOLUNTEER F & R.U, INC.		D Employer identification number 54-6114848	Doing business as		E Telephone number (757) 464-0594	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	PO BOX 5545		G Gross receipts \$ 371,361	City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23455		F Name and address of principal officer: JEFFREY KEMPE Same as C above			H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions H(c) Group exemption number			I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			J Website: WWW.OPVRS.COM			K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation: 1980			M State of legal domicile: VA
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIDE EMERGENCY MEDICAL SERVICES TO THE CITY OF VIRGINIA BEACH.			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	80	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	14,838
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
8		Contributions and grants (Part VIII, line 1h)	279,508	287,534	
9		Program service revenue (Part VIII, line 2g)	18,947	16,433	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(3,681)	20,238	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,170	46,156	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	348,944	370,361	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
		14	Benefits paid to or for members (Part IX, column (A), line 4)		0
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	14,931	14,954	
	b	Total fundraising expenses (Part IX, column (D), line 25)	14,954		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	366,402	312,110	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	381,333	327,064	
	19	Revenue less expenses. Subtract line 18 from line 12	(32,389)	43,297	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,320,413	1,308,557	
	21	Total liabilities (Part X, line 26)	283,709	228,556	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,036,704	1,080,001	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here

Rafael Duyos

Signature of officer

Rafael Duyos, Treasurer

Type or print name and title

Date

3/28/25

**Paid
Preparer
Use Only**

Print/Type preparer's name JOHN C WHITE	Preparer's signature JOHN C WHITE	Date 02-10-2025	Check ☐ if self-employed	PTIN P01296723
Firm's name WHITE & AMBROSE, PC	Firm's EIN 757-463-8355			
Firm's address 265 KINGS GRANT ROAD SUITE 106 VIRGINIA BEACH VA 23452	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.